

AD-A145 271

DTIC FILE COPY

SECURITY CLASSIFICATION OF THIS PAGE (When Data Entered)

20030109017

②

REPORT DOCUMENTATION PAGE		READ INSTRUCTIONS BEFORE COMPLETING FORM
1. REPORT NUMBER 1	2. GOVT ACCESSION NO.	3. RECIPIENT'S CATALOG NUMBER
4. TITLE (and Subtitle) Development of Vaccines to the Mycotoxin T2		5. TYPE OF REPORT & PERIOD COVERED Annual Report 5/16/83-5/15/84
		6. PERFORMING ORG. REPORT NUMBER
7. AUTHOR(s) Vijaya Manohar, Ph.D.		8. CONTRACT OR GRANT NUMBER(s) N00014-83-C-0441
9. PERFORMING ORGANIZATION NAME AND ADDRESS Borrison Laboratories, Inc. 5050 Beech Place Temple Hills, Maryland 20748		10. PROGRAM ELEMENT, PROJECT, TASK AREA & WORK UNIT NUMBERS
11. CONTROLLING OFFICE NAME AND ADDRESS Jeannine A. Majde, Ph.D., Scientific Officer Immunology Code 441, Cellular Biosystems Group, Dept. of the Navy, ONR Arlington, VA 22217		12. REPORT DATE 8/31/84
14. MONITORING AGENCY NAME & ADDRESS (if different from Controlling Office)		13. NUMBER OF PAGES 8
		15. SECURITY CLASS. (of this report) Unclassified
		15a. DECLASSIFICATION/DOWNGRADING SCHEDULE
16. DISTRIBUTION STATEMENT (of this Report) Unlimited		
17. DISTRIBUTION STATEMENT (of the abstract entered in Block 20, if different from Report) Unlimited		
18. SUPPLEMENTARY NOTES		
19. KEY WORDS (Continue on reverse side if necessary and identify by block number) Mycotoxin T2, monoclonal anti-T2, EIA, purification, affinity chromatography, immunization, anti-idiotypic antibodies, monoclonal anti-idiotypic antibody, leucopenia, treatment, vaccine, prophylaxis.		
20. ABSTRACT (Continue on reverse side if necessary and identify by block number) An EIA assay system to detect and titer antibody to Mycotoxin T2 was standardized. A new rapid simple method of making T2 hemisuccinate (T2-HS) was developed. The merit of the new method over the existing one accounts for its simple, less time-consuming procedure, which can be carried out at room temper- ature, with as high a yield as 66%. T2-HS so developed was conjugated to de- rivatised sepharose-4B beads to make a column to affinity purify the antibodies to Mycotoxin T2. Affinity purified antibody to T2 was used for immunizing the mice for the development of anti-idiotypic antibodies. Three different		

DD FORM 1 JAN 73 1473

EDITION OF 1 NOV 65 IS OBSOLETE

5/N 0102- LF-014-6601

SECURITY CLASSIFICATION OF THIS PAGE (When Data Entered)

SECURITY CLASSIFICATION OF THIS PAGE (When Data Entered)

Immunization schedules were employed, such as, anti-T2 antibody conjugated to KLH, anti-T2 antibody conjugated to goat IgD, and anti-T2 antibody conjugated to monoclonal B6 anti-BALB/C IgD. Anti-idiotypic antibody was detected by EIA (competitive inhibition reaction by T2). Mice producing a titer of 1:800 to 1:20,000 were detected. These immunization schedules are now being extended to additional mice and rats. Production of hybridoma cell lines, by fusing the immune splenocytes with NS-1 are initiated.

Induction of leucopenia by T2 toxin in mice was examined. Optimum sublethal concentrations of T2 toxin and route of administration were standardized. Time course of white blood cell count after administration of toxin, was established. Effect of toxin on the other lymphatic organs was also examined.

Accession For	
NTIS GRA&I	<input checked="" type="checkbox"/>
DTIC TAB	<input type="checkbox"/>
Unannounced	<input type="checkbox"/>
Justification	
By _____	
Distribution/	
Availability Codes	
Dist	Avail and/or Special
A-1	



Annual Report

DEVELOPMENT OF VACCINES TO THE MYCOTOXIN T2

ONR Contract No. N0014-83-C-0441

Introduction

This report presents the work carried out during the 12 months period from May 1983 on ONR Contract No. N0014-83-C-0441; Development of vaccines to mycotoxin T2. T2 is a trichothecene mycotoxin which is both acutely and chronically toxic. Its adverse effects range from skin necrosis to severe leukopenia and death, and the compound is also a potent immunotoxin. Currently there are no known prophylactic or therapeutic treatments for T2 poisoning other than removal of the compound or prevention of exposure. This project is designed to explore the possibility that anti-idiotypic antibodies (anti-id-ab) to anti-T2 antibodies can be used in an immunization protocol to prevent the adverse effects of T2.

Development of Monoclonal Antibodies to T2:

Being a small, non-immunogenic molecule, T2 has to be presented as a hapten-carrier conjugate for immunization. Initially we proposed to couple several protein and carbohydrate carriers to T2 toxin through its various chemical moieties including the epoxide group. However, the task of haptenization and immunization of T2, was not carried out, as this work had already been carried out at USUHS by Drs. Hunter and Finkelman, and we were advised by our project officer to collaborate with them. Initially we could obtain a small sample of polyclonal antibody containing serum from them, as monoclonals were not yet produced.

Development of an Assay System:

Our proposed approach was to develop a radioimmunosassay system using [^3H]-T2. Experiments using [^3H]-T2 (a gift by Dr. Wannamaker, USAMARID) and polyclonal antibody (provided by Dr. Hunter) did not demonstrate any activity. Modifications of the assay system such as incubation time, temperature, use of

anti-Fab alone as a second antibody or Cowan's Staph A as the precipitating agent or using both anti-Fab and the Cowan's Staph A, did not precipitate any radiolabeled material.

As the polyclonal antibody supplied by r. Hunter was detected and titered by an enzyme-linked immunoassay (EIA), we decided to adopt and standardize the optimum conditions required for the EIA. After initial screening with several commercially available brands of EIA plates, second antibody reagents, optimum conditions necessary for EIA were determined. These include coating the plates with 25 µg/ml of T2-BSA, blocking the unbound sites with 100 µg/ml of poly L glutamine, and using an affinity purified anti-Fab (a generous gift from Dr. McClintock, NIDR, NIH). Subsequent characterizations of monoclonal and polyclonal sera were carried out using the above conditions.

Purification of Polyclonal and Monoclonal Antibody:

Simultaneously working with the standardization of the assay system to detect anti-T2 antibody in the antiserum, the possibility of making an affinity column to purify the polyclonal antiserum to T2, was also explored. At this point affinity purified anti-T2 antibody was intended to use for the development of anti-idiotypic antisera.

In our earlier experiments to make hapten-carrier conjugates, we had focussed on the development of a T2 hemisuccinate (T2-HS), which can then be coupled through a carbodiimide reaction to amino groups on proteins and other molecules. Experiments were performed according to Chu et al (1977), where in T2 toxin spiked with a small amount of [3H]-T2 was dissolved in dimethyl-formamide and reacted with succinic anhydride in the presence of pyridine. The reaction was carried out in dark at 100°C in a paraffin oil bath with constant stirring for 4 hours. The chloroform extract obtained after decolorising and washing the reaction mixture, yielded 2% of T2 toxin in T2-HS form.

In order to overcome some of the drawbacks encountered in this method such as high temperature, duration of reaction procedure, discoloration of the product and others, we developed a new rapid and simple method of T2-HS formation. This reaction can be carried out at room temperature, in a chloroform phase, without heating. Under optimal conditions complete

conversion of T2 to T2-HS can be achieved within 2 hours. The resultant product which is in chloroform phase, on drying yields a coloreless powder with a recovery rate of 66% as determined by spiking with [³H] T2 toxin.

The T2 HS, prepared by the new method was conjugated to derivatised sepharose 4B beads (Sigma), at room temperature in the presence of water-soluble carbodiimide. Unreacted groups in the sepharose were blocked by an additional reaction with acetic acid and the gel was washed extensively. The washed gel was packed into a column and tested for its ability to bind and purify the polyclonal antibody provided by Dr. Hunter.

Using this column, subsequent batches of ascietes fluid containing monoclonal anti T2 antibody provided by Dr. Hunter were purified, and titrated by EIA described earlier.

Production of Anti-idiotypic Antibody:

Three different immunization schedules were used to produce antidiotypic antisera in Balb/C mice:

- 1 Affinity purified monoclonal anti-T2 antibody coupled to KLH (Sigma).
- 2 Affinity purified monoclonal anti-T2 antibody coupled to affinity purified goat IgG (a gift from Dr. Finkelman).
3. Affinity purified monoclonal anti-T2 antibody coupled to monoclonal anti mouse IgD (B6 anti-BALB/C IgD).

The immunization schedule 2 was adopted following the successful use by Drs. Hunter and Finkelman in the production of original anti-T2 antibody. The hypothesis for this scheme is, when the conjugate is given along with purified goat anti-IgD, carrier specific helper - T Cells for goat IgG (which is conjugated monoclonal anti-T2 antibody) are stimulated. Since anti-T2 antihody will be a poor antigen being an isologous immunogen, it was reasoned that this immunization schedule can elect an anti-idiotypic response. The Schedule 3 was visualized with a hope that it will also recruit T-cell help for idiotypic determinants.

The three conjugates mentioned above were prepared using the method described by Bona et al. (1976). Briefly, equal parts of purified antibody and KLH or goat IgG, or B6 Anti-Balb IgD were mixed (0.5 mg/ml) in the presence of 0.05% glutaraldehyde. The reaction was carried until the mixture became opalescent, and then stopped by adding lysine to a final concentration of 0.05%. The resultant conjugate was extensively dialyzed. The immunization schedule followed, was as described by Ghenens et al. (1981). BALB/C mice (8-10 weeks) were injected with the conjugates emulsified in Freund's complete adjuvant. In the case of goat Ig coupled to the anti-T2, 50 mg of goat anti-IgD was given simultaneously. Each mouse was injected with 100 μ l of emulsion distributed among the hind foot pads, inguinal and axillary regions. Five days later a similar dose of antigenic preparation in Freund's incomplete adjuvant was given. The mice were boosted weekly with the respective conjugates in saline. The sera from these mice were examined for the presence of antidiotypic antibody, after 4th injection onwards.

The anti-idiotypic antibody was detected by EIA, using the monoclonal anti-T2 antibody coated 96 well plates and screening for a positive reaction and then for inhibition of that reaction by free T2 toxin. Initially the serum samples were screened at a dilution of 1:100, using a fixed concentration of free T2 toxin such as 25 μ g/ml for inhibition. The difference in OD units between the wells unblocked with T2 and those blocked with free T2 toxin was taken as the OD value demonstrating the anti-idiotypic antibody. The positive Id reaction was further confirmed using 96- wells plates coated with monoclonal antibody to paroxin (which is also IgG1), a gift by Dr. Hunter. Anti-idiotypic antibody was detected as early as after 4 injections. The titer of the antibody levels rose in accordance with the subsequent booster injections. However, no further increase was observed after 7 injections.

Of the three immunization schedules followed, mice receiving Schedule 3 and 1 demonstrated comparatively higher levels of anti Id antibody as early as after 4 injections, than those receiving Schedule 2, as determined by EIA. Mice receiving anti-T2 antibody coupled to B₆ anti BALB IgD (Schedule 3) have demonstrated a titer of 1:10,000 to 1:20,000 after 5th and 6th injection, which did not increase thereafter. Mice immunized with Schedule 1 had a titer

mice and rats. Attempts to fuse spleenocytes from mice immunized with Schedules 1 and 3 are in progress.

Standardization of Leucopenia in Mice:

To examine the efficacy of the anti-idiotypic antibody as a prophylactic agent, in vivo assays need to be established. Initially a single I.P. injection of varying concentrations of T2 toxin was used in the mice and their peripheral white cell counts were monitored for up to 4 weeks. As the results obtained by this route of dosing were not consistent, subsequently the oral route was investigated. The mice were orally dosed with T2 toxin in the concentration of 1 and 2 μg per gm body weight, and their white cell counts were monitored for various time periods up to a week (Fig. 1). Increase in blood white cells were observed in both the dose level up to 96 hours and decreased there after. There was an initial drop in cell count after 3 hours of administration in both the cases. Drop in cell count persisted until 6 hours in case of 2 $\mu\text{g}/\text{gm}$ group, and increased gradually until 96 hours and decreased later. The effect was less dramatic at 1 $\mu\text{g}/\text{gm}$ level.

The rise in the WBC count in the peripheral blood is possibly due to the recruitment of lymphocytes from regional nodes spleen and other lymphatic organs. The mice orally dosed with 2 $\mu\text{g}/\text{gm}$, were also examined for, the total cell count in thymus and spleen at various time points (Fig. 2). There was a slight increase in cell population in the spleen at 1 hour after administration of the toxin, followed by a drop at 3 hours, which then increased until 24 hours, dropped again at 48 hours. At this point, WBC in the peripheral blood was high suggesting the migration of cells from lymphatics to the circulation. At 72 hours, there was a slight raise which decreased subsequently. A slightly different but similar pattern was observed in thymus cell counts. Initial drop at 1 hour was followed by an increase up to 6 hours, which decreased until 48 hours, slightly elevated at 72 and 96 hours, decreased thereafter.

Experiments are in progress to examine the morphology of the cell populations in these organs of the mice dosed with the toxin.

Future Directions

1. Expansion of immune mice producing anti Id antibody.
2. Fusion of spleenocytes from the above mice and production of hybridoma clones.
3. Extension of the immunization Schedules 1 to 3 into rats to produce xenogenic anti-Id antibodies and subsequently to use immune rat spleens to make xenogenic hybridoma.
4. Examination of sub populations of the cells in the lymphatic organs in mice dosed orally with T2 toxin.
5. Extension of leucopenia studies in rats.
6. Testing of therapeutic and prophylactic efficacy of monoclonal anti- Id antibody in mice and rats, against T2 induced leucopenia.
7. If the systemic treatment with monoclonal anti Id antibody is successful, the same regimen will be extended to the guinea pig skin necrotization model to test for protection against superficial effects.

Fig. 1. Induction of Leucopenia in BALB/C mice by T2-toxin (peripheral blood

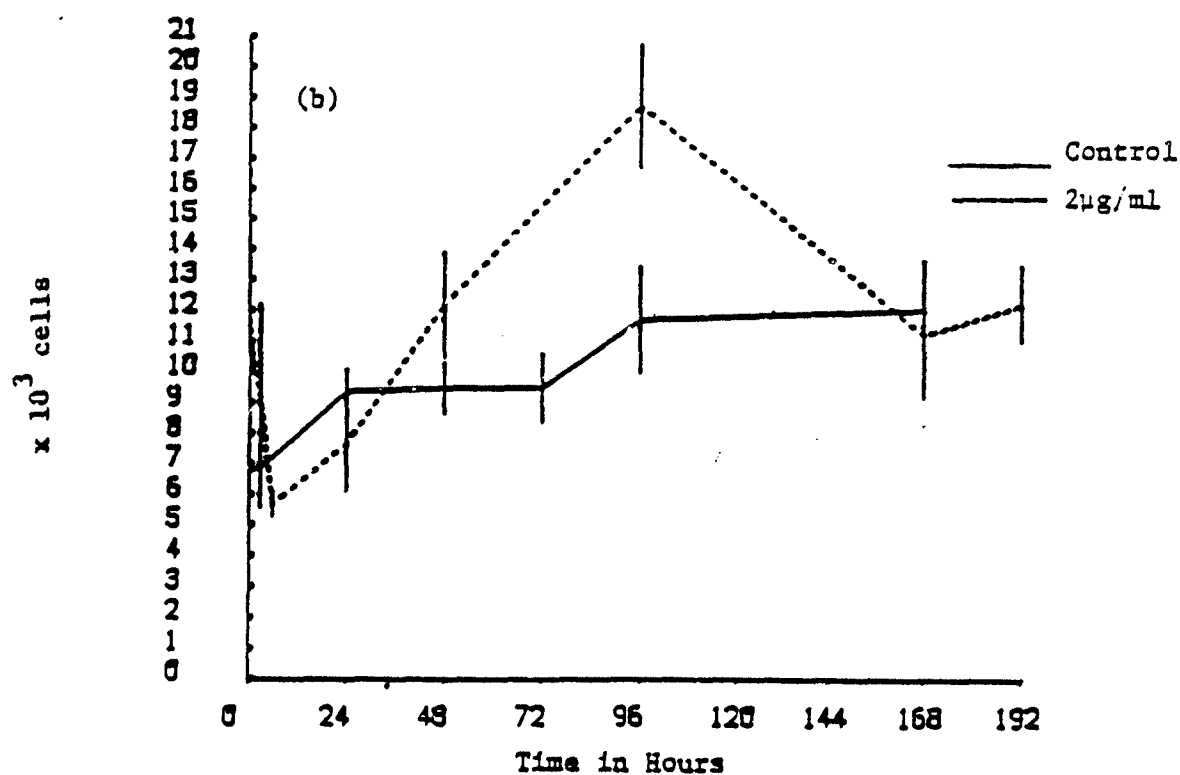
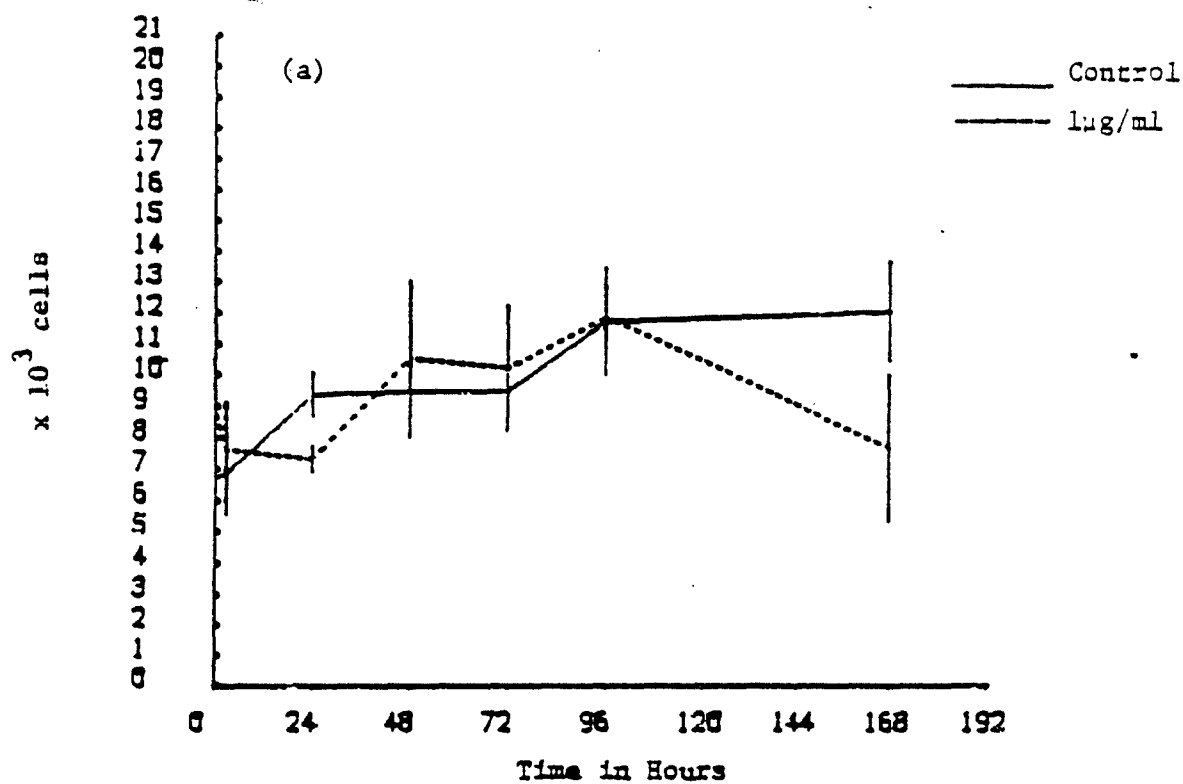
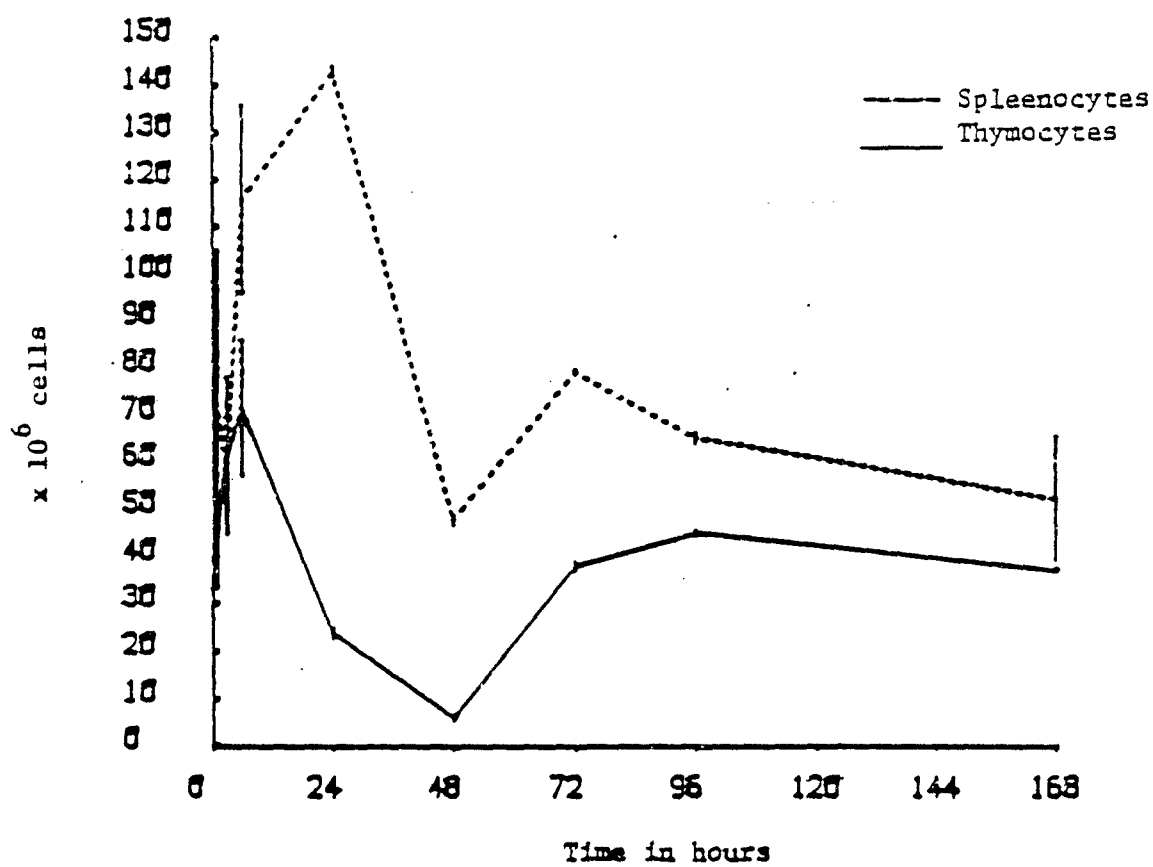


Fig. 2. Induction of Leucopenia in BALM/C mice
Effect of T2 toxin on thymus and spleen



DISTRIBUTION LIST

Immunological Defense Program

Annual, Final and Technical Reports (one copy each except as noted)

Fritz H. Bach, M.D. ✓
Director, Immunology Research Center
University of Minnesota
Box 724, Mayo Memorial Bldg.
420 Delaware St., SE
Minneapolis, MN 55455

Francis A. Ennis, M.D. ✓
Department of Medicine
University of Massachusetts
Medical School
55 Lake Avenue
Worcester, MA 01605

Fred D. Finkelman, M.D. ✓
Department of Medicine
Uniformed Services University
of the Health Sciences
4301 Jones Bridge Road
Bethesda, MD 20814

Dr. Matthew J. Kluger ✓
Department of Physiology
University of Michigan Med. School
7620 Medical Science II Bldg.
Ann Arbor, MI 48109

Dr. Vijaya Manohar
Borrington Laboratories, Inc.
5050 Beech Place
Temple Hills, MD 20748

Dr. Ernest D. Marquez ✓
Bioassay Systems Corporation
225 Wildwood Avenue
Webster, MA 01801

James J. Mond, M.D. ✓
Department of Medicine
Uniformed Services University
of the Health Sciences
4301 Jones Bridge Road
Bethesda, MD 20814

Dr. Donna S. Sieckmann ✓
Infectious Diseases Program Center
Naval Medical Research Inst.
National Naval Medical Center
Bethesda, MD 20814

Dr. John D. Clements ✓
Department of Microbiology
and Immunology
Tulane University Medical Ctr.
1430 Tulane Avenue
New Orleans, LA 70112

Dr. Edward A. Havell
Trudeau Institute
P.O. Box 59
Saranac Lake, NY 12983

Dr. Arthur G. Johnson ✓
Department of Medical
Microbiology and Immunology
University of Minnesota
School of Medicine
2205 East 5th Street
Duluth, MN 55812

Dr. Philip Lake ✓
Immunologic Oncology Division
Lombardy Cancer Center
Georgetown Univ. School of Med.
Washington, DC 20007

W. John Martin, M.D., Ph.D. ✓
Laboratory, Dept. of Medicine
Naval Hospital
National Naval Medical Center
Bethesda, MD 20814

Dr. Robert I. Mishell ✓
Dept. of Microbiology &
Immunology
Univ. of California, Berkeley
Berkeley, CA 94720

Dr. Page S. Morahan ✓
Department of Microbiology
Medical College of Pennsylvania
3300 Henry Avenue
Philadelphia, PA 19129

Dr. Alan L. Schmaljohn ✓
Department of Microbiology
University of Maryland
School of Medicine
660 W Redwood Street

Annual, Final and Technical Reports (one copy each except as noted)

Dr. Jeannine A. Majde, Code 441CB
Scientific Officer, Immunology Program
Office of Naval Research
800 N. Quincy Street
Arlington, VA 22217

Administrator (2 copies)
Defense Technical Information Center
Building 5, Cameron Station
Alexandria, VA 22314

Annual and Final Reports Only (one copy each)

Commanding Officer
Naval Medical Command
Washington, DC 20372

Commanding Officer
Naval Medical Research & Development Command
National Naval Medical Center
Bethesda, MD 20814

Director, Infectious Diseases Program Center
Naval Medical Research Institute
National Naval Medical Center
Bethesda, MD 20814

Commander
Chemical and Biological Sciences Division
Army Research Office, P. O. Box 12211
Research Triangle Park, NC 27709

Commander
U.S. Army Research and Development Command
Attn: SGRD-PLA
Fort Detrick
Frederick, MD 21701

Commander
USAMRIID
Fort Detrick
Frederick, MD 21701

Directorate of Life Sciences
Air Force Office of Scientific Research
Bolling Air Force Base
Washington, DC 20332

Administrative Contracting Officer
ONR Resident Representative
(address varies - obtain from Business Office)

Final and Technical Reports Only

Director, Naval Research Laboratory (6 copies)
Attn: Technical Information Division, Code 2627
Washington, DC 20375

Annual, Final and Technical Reports (Cont.)

David A. Stevens, M.D. ✓
Department of Medicine
Santa Clara Valley Medical Center
Stanford University
751 S. Bascom Avenue
San Jose, CA 95128

Dr. Barnet M. Sultzer ✓
Department of Microbiology &
Immunology
Downstate Medical Center
450 Clarkson Avenue
Brooklyn, NY 11203

Dr. Alvin L. Winters ✓
Department of Microbiology
University of Alabama
University, AL 35486

Dr. Phyllis R. Strauss
Department of Biology
Northeastern University
360 Huntington Avenue
Boston, MA 02115

G. Jeanette Thorbecke, M.D. ✓
Department of Pathology
New York University
School of Medicine
550 First Avenue
New York, NY 10016

Lyn Yaffe, M.D. ✓
Research Support Center
Naval Medical Research Inst.
National Naval Medical Center
Bethesda, MD 20814